

P21236.P02 <div style="text-align: center;">FEE TRANSMITTAL</div>		<div style="text-align: right;">Complete if Known</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Application Number</td> <td style="width:50%;">Not Yet Assigned</td> </tr> <tr> <td>Filing Date</td> <td>Concurrently Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Dr. D. SÖHNEN et al.</td> </tr> <tr> <td>Group Art Unit</td> <td>Unassigned</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned</td> </tr> </table>		Application Number	Not Yet Assigned	Filing Date	Concurrently Herewith	First Named Inventor	Dr. D. SÖHNEN et al.	Group Art Unit	Unassigned	Examiner Name	Unassigned
Application Number	Not Yet Assigned												
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TOTAL AMOUNT OF PAYMENT (\$) 728.00		Attorney Docket Number P21236											

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																																					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <u>19-0089</u> Deposit Account Name <u>GREENBLUM & BERNSTEIN, P.L.C.</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136(a)(3)) <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) <input type="checkbox"/> Applicant Claims Small Entity Status See 37 CFR 1.27. 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other FEE CALCULATION (fees effective 12/29/99) 1. 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CLAIMS <table style="width:100%;"> <tr> <td>Total Claims</td> <td><u>21</u></td> <td>-20=</td> <td><u>1</u></td> <td>Extra</td> <td>x</td> <td>Fee from below <u>18</u></td> <td>=</td> <td>Fee Paid <u>18</u></td> </tr> <tr> <td>Independent Claims</td> <td><u>2</u></td> <td>-3=</td> <td><u>0</u></td> <td></td> <td>x</td> <td><u>80</u></td> <td>=</td> <td><u>0</u></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td colspan="6"></td> <td>x</td> <td><u>0</u></td> </tr> </table> <table style="width:100%;"> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td><u> </u></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td><u> </u></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim</td> <td><u> </u></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>Reissue independent claims over original patent</td> <td><u> </u></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td><u> </u></td> </tr> <tr> <td colspan="5">SUBTOTAL (2) (\$)</td> <td><u> </u></td> </tr> </table>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee	<u>710</u>	106	320	206	160	Design filing fee	<u> </u>	107	490	207	245	Plant filing fee	<u> </u>	108	710	208	355	Reissue filing fee	<u> </u>	114	150	214	75	Provisional filing fee	<u> </u>	SUBTOTAL (1) (\$)					<u>710</u>	Total Claims	<u>21</u>	-20=	<u>1</u>	Extra	x	Fee from below <u>18</u>	=	Fee Paid <u>18</u>	Independent Claims	<u>2</u>	-3=	<u>0</u>		x	<u>80</u>	=	<u>0</u>	Multiple Dependent Claims							x	<u>0</u>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20	<u> </u>	102	80	202	40	Independent claims in excess of 3	<u> </u>	104	270	204	135	Multiple dependent claim	<u> </u>	109	80	209	40	Reissue independent claims over original patent	<u> </u>	110	18	210	9	Reissue claims in excess of 20 and over original patent	<u> </u>	SUBTOTAL (2) (\$)					<u> </u>	3. 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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Neil F. Greenblum			Reg. Number	28,394
Signature				Date	7/23/01
				Deposit Account User ID	

THE UNIVERSITY OF CHICAGO

Applicant :Dr. D. SÖHNEN et al.

Filed : Concurrently Herewith

COVER LETTER ACCOMPANYING U.S. PATENT APPLICATION
FILED UNDER 37 C.F.R. 1.53(b) and 1.53(f)

Sir:

Related to this, a correspondence address is provided in the unexecuted Declaration and Power of Attorney, and is as follows:

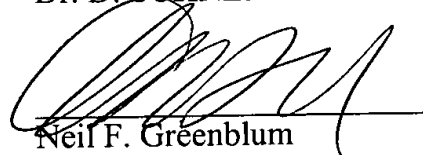
1

The above-identified application includes:

- 23 pages of specification (including Abstract);
- 21 total claims; with 2 independent;
- an unexecuted Declaration and Power of Attorney.

If there are any questions, please contact the undersigned at the below-listed telephone number.

Respectfully submitted,
Dr. D. SÖHNEN et al.


Neil F. Greenblum
Reg. No. 28,394

Reg. No. 33,094

July 23, 2001
GREENBLUM & BERNSTEIN, P.L.C.
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